

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571646

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4			1			
5				1		
6					1	
7						1
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12						
13			1			
14				1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	12	↔	14	↔		↔
TOTAL CLAIMS	13	[QR]	20	[QR]		[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↔	
TOTAL DEP.		↔			↔	↔
TOTAL CLAIMS		[QR]		[QR]	[QR]	[QR]